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23910 7590 07/07/2004

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10/14/2004 EFLORES1 00000014 500285 10749546

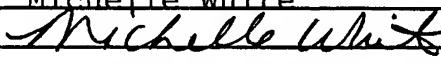
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Michelle White	(Depositor's name)
	
(Signature)	
October 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,546	12/29/2003	Charles A. Miller	P82C1C1-US	8833

TITLE OF INVENTION: INTEGRATED CIRCUIT INTERCONNECT SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/07/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JONES, STEPHEN E	2817	333-033000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> 2. Change of correspondence address (or Change of Correspondence Address form, PTO/SB/122) attached. <input type="checkbox"/> 3. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Fliesler Meyer</u> 2. _____ 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

FORMFACTOR, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Livermore, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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 Advance Order - # of Copies 3

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0285 (enclose an extra copy of this form).

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(Date)

70 October 2004

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